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BIBDATASHEET**CONFIRMATION NO. 9530**

Bib Data Sheet

SERIAL NUMBER 10/765,484	FILING DATE 01/27/2004 RULE	CLASS 365	GROUP ART UNIT 2824	ATTORNEY DOCKET NO. 200316177-1
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APPLICANTS

Richard L. Hilton, Boise, ID;

Corbin L. Champion, Pullman, WA;

Kenneth K. Smith, Boise, ID; Frederick A. Perner, Palo Alto, CA;

*SD YES***** CONTINUING DATA *******

This application is a CIP of 10/614,505 07/07/2003 PAT 6,842,364

*SD NONE***IF REQUIRED, FOREIGN FILING LICENSE GRANTED****** 06/15/2004**

Foreign Priority claimed	<input type="checkbox"/> yes <input checked="" type="checkbox"/> no	STATE OR COUNTRY ID	SHEETS DRAWING 10	TOTAL CLAIMS 22	INDEPENDENT CLAIMS 4
35 USC 119 (a-d) conditions met	<input type="checkbox"/> yes <input checked="" type="checkbox"/> no <input type="checkbox"/> Met after <i>Allowance</i> <i>(S)</i>				
Verified and Acknowledged	<i>Examiner's Signature</i> <i>(S)</i>	<i>Initials</i>			

ADDRESS

HEWLETT-PACKARD COMPANY
 Intellectual Property Administration
 P.O. Box 272400
 Fort Collins , CO
 80527-2400

TITLE

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FILING FEE	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:	<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees (Filing) <input type="checkbox"/> 1.17 Fees (Processing Ext. of time)